earlier voted to support the Coverdell amendment 59 to 41, on June 27.

Currently, the reconciliation law we passed this year as part of the budget agreement, allows parents to save up to $500 per year for their children's college education without penalty.

The new education savings accounts are more expansive in that they allow the money to be used for children's kindergarten through 12th grade education expenses as well as college.

Our adoption of this bill without further delay comes at a notable time, a time of increasing focus on the future of America's children. Just over a week ago, the White House held a summit intended to bring children's issues into the forefront as a national priority.

What better way to turn consensus-building into action than to give parents the practical tool which the Coverdell bill supplies; a tool which allows parents to better provide options for their children's education.

The education savings accounts help working families. They are a good complement to the $500 per child tax credit I have long championed, which was included in the tax bill this year. They encourage savings and allow families to make plans which shape a child's future.

This provision is directed at low and middle income families, not wealthy families who currently have education options. All families should have a better opportunity to choose the best education for their children.

According to the Joint Committee on Taxation, the great majority of families expected to take advantage of the education savings accounts have incomes of $75,000 or less.

In other words, in families where both parents are working, individual parent income is at the very most an average of $37,500 in more than two-thirds of the families expected to take advantage of this legislation. Clearly, these are the families who need our help the most.

Mr. President, this important legislation offers a real solution for America's working families. We must act now to help families best provide for one of life's most basic necessities—a child's education.

Mr. KENNEDY. Mr. President, I oppose the Coverdell bill because it uses regressive tax policy to subsidize vouchers for private schools. It does not give any real financial help to low-income, working- and middle-class families, and it does not help children in the nation's classrooms. What it does is undermine public schools and provide yet another tax giveaway for the wealthy.

Public education is one of the great successes of American democracy. It makes no sense for Congress to undermine it. This bill turns its back on the Nation's long-standing support of public schools and earmarks tax dollars for private schools. This bill is a fundamental step in the wrong direction for education and for the Nation's children.

Senator COVERDELL's proposal would spend $2.5 billion over the next 5 years on subsidies to help wealthy people pay the private school expenses they already pay, and do nothing to help children in public schools get a better education.

It is important to strengthen our national investment in education. We should invest more in improving public schools by fixing leaky roofs and crumbling buildings, by recruiting and preparing excellent teachers, and by taking many other steps.

If we have $2.5 billion more to spend on elementary and secondary education, we should spend it to deal with these problems. We should not invest in bad education policy and bad tax policy. We should support teachers and rebuild schools—not build tax shelters for the wealthy.

Proponents of the bill claim that it deserves our support because the Joint Committee on Taxation estimates that almost 75 percent of funds will go to public school students.

But they're distorting the facts. According to the Department of Treasury, 70 percent of the benefit of the bill would go to those families in the highest income brackets. An October 28, 1997, Joint Tax Committee memorandum states that 83 percent of families with children in private schools would use this account, but only 28 percent of families with children in public schools would make use of it. It is a sham to pretend that the bill is not providing a subsidy for private schools. The overwhelming majority of the benefits go to high-income families who are already sending their children to private school, and does nothing to improve public education.

In fact, the Joint Tax Committee memorandum clearly confirms this basic point that the bill disproportionately benefits families who send their children to private schools. As the committee memorandum states, ''The dollar benefit to returns with children in public schools is assumed to be significantly lower than that attributable to returns with children in private schools.''

Proponents of the bill claim that 70 percent of the benefits from the Coverdell accounts would go to families that earn under $70,000 a year.

But again, they're distorting the facts. The facts are that the majority of the benefits under the proposal go to upper income families. Only about 10 percent of taxpayers have incomes between $70,000 and the capped income levels. Therefore, 30% of the benefits would go to just 10 percent of the taxpayers. In addition, the majority of the benefits for families who earn under $70,000 a year go to those earning between $55,000 and $70,000 a year.

Other families will get almost no tax break from this legislation. Families earning less than $50,000 a year will get a tax cut of $2.50 a year from this legislation—$2.50. You can't even buy a good box of crayons for that amount. Families in the lowest income brackets—those making less than $17,000 a year—will get a tax cut of all of $1—$1. But, a family earning over $93,000 will get $97.

Proponents also claim that these IRA's do not use public money. The money invested in the accounts, whether by individuals, their employer, or their labor union is their own money, not public funds.

But the loss to the Treasury is clear. This proposal will cost the Treasury $2.5 billion in the first 5 years. It is nonsense to pretend that these funds are not a Federal subsidy to private schools.

Scarce tax dollars should be targeted to public schools, which don't have the luxury of closing their doors to students who pose special challenges, such as children with disabilities, limited English-proficient children, or homeless students. Private schools can decide whether to accept a child or not. The real choice under this bill goes to the schools, not the parents. We should not use public tax dollars to support schools that select some children and reject others.

We all want children to get the best possible education. We should be doing more—much more—to support efforts to improve local public schools. We should oppose any plan that would undermine those efforts.

This bill is simply private school vouchers under another name. It is wrong for Congress to subsidize private schools. We should improve our public schools—not abandon them.

PRIVILEGE OF THE FLOOR

Mr. WELLSTONE. Mr. President, I ask unanimous consent that Kelly Miller be granted floor privileges during this vote.

The PRESIDING OFFICER. Without objection, it is so ordered.

CLOTURE MOTION

The PRESIDING OFFICER (Mr. ALLARD). Pursuant to rule XXII, the clerk will report the motion to invoke cloture on H.R. 2646.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on H.R. 2646, the Education Savings Act for Public and Private Schools.

Trent Lott, Paul Coverdell, Robert F. Bennett, Pat Roberts, Strom Thurmond, Gordon H. Smith, Bill Frist, Mike DeWine, Larry E. Craig, Don Nickles, Connie Mack, Jeff Sessions, Conrad Burns, Lauch Faircloth, Thad Cochran, and Wayne Allard.

CALL OF THE ROLL

The PRESIDING OFFICER. Under a previous order, the live quorum required under the rule has been waived.

VOTE

The PRESIDING OFFICER. The question is, Is it the sense of the Senate that debate on H.R. 2646, the Education Savings Act for public and private schools, shall be brought to a close?

The yeas and nays are mandatory. The clerk will call the roll.

The bill clerk called the roll.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 56, nays 44, as follows:

[Rollcall Vote No. 291 Leg.]

YEAS—56

Abraham	Gorton	McConnell
Allard	Gramm	Murkowski
Ashcroft	Grams	Nickles
Bennett	Grassley	Roberts
Bond	Gregg	Roth
Brownback	Hagel	Santorum
Burns	Hatch	Sessions
Campbell	Helms	Shelby
Coats	Hutchinson	Smith (NH)
Cochran	Hutchison	Smith (OR)
Collins	Inhofe	Snowe
Coverdell	Jeffords	Specter
Craig	Kempthorne	Stevens
D'Amato	Kyl	Thomas
DeWine	Lieberman	Thompson
Domenici	Lott	Thurmond
Enzi	Lugar	Torricelli
Faircloth	Mack	Warner
Frist	McCain	

NAYS—44

Akaka	Durbin	Lautenberg
Baucus	Feingold	Leahy
Biden	Feinstein	Levin
Bingaman	Ford	Mikulski
Boxer	Glenn	Moseley-Braun
Breaux	Graham	Moynihan
Bryan	Harkin	Murray
Bumpers	Hollings	Reed
Byrd	Inouye	Reid
Chafee	Johnson	Robb
Cleland	Kennedy	Rockefeller
Conrad	Kerrey	Sarbanes
Daschle	Kerry	Wellstone
Dodd	Kohl	Wyden
Dorgan	Landrieu	

The PRESIDING OFFICER. On this vote the yeas are 56, the nays are 44. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

Mr. LOTT. Mr. President, I move to reconsider the vote and I move to table the motion.

The motion to lay on the table was agreed to.

MORNING BUSINESS

Mr. LOTT. Mr. President, I ask unanimous consent that there now be a period for morning business until the hour of 12:30 p.m., with Senators permitted to speak for up to 10 minutes each, with the time equally divided between the two leaders or their designees.

Following morning business, the Senate would then stand in recess under the previous order until 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LOTT. Therefore, the next rollcall vote would occur at 2:30 p.m. That vote would be on the cloture motion with respect to the motion to proceed to the fast-track legislation.

I yield the floor.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Maine.

ADVANCE PLANNING AND COMPASSIONATE CARE ACT

Ms. COLLINS. Mr. President, last week I was pleased to join with my colleague from West Virginia, Senator ROCKEFELLER, in introducing S. 1345, the Advance Planning and Compassionate Care Act which is intended to improve the way we care for people at the end of their lives.

Noted health economist Uwe Reinhardt once observed that ''Americans are the only people on earth who believe that death is negotiable.'' Advancements in medicine, public health, and technology have enabled more and more of us to live longer and healthier lives. However, when medical treatment can no longer promise a continuation of life, patients and their families should not have to fear that the process of dying will be marked by preventable pain, avoidable distress, or care that is inconsistent with their values or wishes.

The fact is, dying is a universal experience, and it is time to reexamine how we approach death and dying and how we care for people at the end of their lives. Clearly there is more that we can do to relieve suffering, respect personal choice and dignity, and provide opportunities for people to find meaning and comfort at life's conclusion.

Unfortunately, most Medicare patients and their physicians do not currently discuss death or routinely make advance plans for end-of-life care. As a result, about one-fourth of Medicare funds are now spent on care at the end of life that is geared toward expensive, high-technology interventions, and rescue care. While four out of five Americans say they would prefer to die at home, studies show that almost 80 percent die in institutions where they may be in pain, and where they are subjected to high-technology treatments that merely prolong suffering.

Moreover, according to a Dartmouth study released earlier this month, where a patient lives has a direct impact on how that patient dies. The study found that the amount of medical treatment Americans receive in their final months varies tremendously in the different parts of the country, and it concluded that the determination of whether or not an older patient dies in the hospital probably has more to do with the supply of hospital beds than the patient's needs or preference.

The Advance Planning and Compassionate Care Act is intended to help us improve the way our health care system serves patients at the end of their lives. Among other provisions, the bill makes a number of changes to the Patient Self-Determination Act of 1990 to facilitate appropriate discussions and individual autonomy in making difficult discussions about end-of-life care. For instance, the legislation requires that every Medicare beneficiary receiving care in a hospital or nursing facility be given the opportunity to discuss end-of-life care and the preparation of an advanced directive with an appropriately trained professional within the institution. The legislation also requires that if a patient has an advanced directive, it must be displayed in a prominent place in the medical record so that all the doctors and nurses can clearly see it.

The legislation will expand access to effective and appropriate pain medications for Medicare beneficiaries at the end of their lives. Severe pain, including breakthrough pain that defies usual methods of pain control, is one of the most debilitating aspects of terminal illness. However, the only pain medication currently covered by Medicare in an outpatient setting is that which is administered by a portable pump.

It is widely recognized among physicians treating patients with cancer and other life-threatening diseases that self-administered pain medications, including oral drugs and transdermal patches, offer alternatives that are equally effective in controlling pain, more comfortable for the patient, and much less costly than the pump. Therefore, the Advance Planning and Compassionate Care Act would expand Medicare to cover self-administered pain medications prescribed for the relief of chronic pain in life-threatening diseases or conditions.

In addition, the legislation authorizes the Department of Health and Human Services to study end-of-life issues for Medicare and Medicaid patients and also to develop demonstration projects to develop models for end-of-life care for Medicare beneficiaries who do not qualify for the hospice benefit, but who still have chronic debilitating and ultimately fatal illnesses. Currently, in order for a Medicare beneficiary to qualify for the hospice benefit, a physician must document that the person has a life expectancy of 6 months or less. With some conditions—like congestive heart failure—it is difficult to project life expectancy with any certainty. However, these patients still need hospice-like services, including advance planning, support services, symptom management, and other services that are not currently available.

Finally, the legislation establishes a telephone hotline to provide consumer information and advice concerning advance directives, end-of-life issues and medical decision making and directs the Agency for Health Care Policy and Research to develop a research agenda for the development of quality measures for end-of-life care.

The legislation we are introducing today is particularly important in light of the current debate on physician-assisted suicide. As the Bangor Daily News pointed out in an editorial published earlier this year, the desire for assisted suicide is generally driven by concerns about the quality of care for the terminally ill; by the fear of prolonged pain, loss of dignity and emotional strain on family members. Such worries would recede and support for assisted suicide would evaporate if